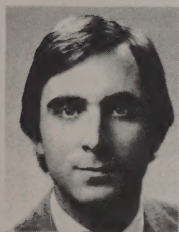


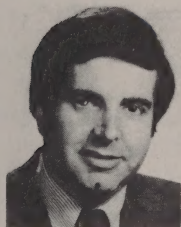
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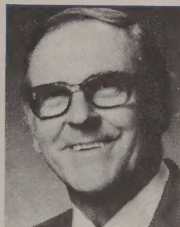
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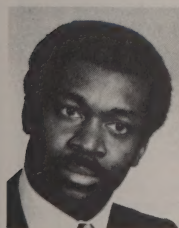
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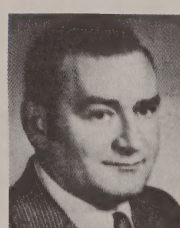
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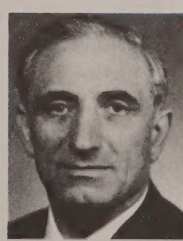
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Annual Meeting Of The Hampden District Medical Society

PLACE: STORROWTON TAVERN, The Barn
West Springfield, Massachusetts

DATE: Tuesday, April 29, 1980

BUSINESS MEETING

SOCIAL

HOUR: 6:00 P.M. - 7:30 P.M.

ELECTION OF

OFFICERS: Report of Nominating Committee

DINNER: 7:30 P.M.

SPEAKER: Thomas M. Reardon, Esq.
Warner & Stackpole, Boston, Massachusetts

TOPIC: "Legal Challenges Facing Physicians Today"
Spouses are invited to attend this meeting.
Dinner for members, courtesy of HDMS
Dinner for guests \$10.00
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Note:

If you must cancel your dinner reservations, call the office before noon on April 29, 1980. If the cancellations are not made you will be billed for your dinner.

Smoking in designated areas only at dinner.

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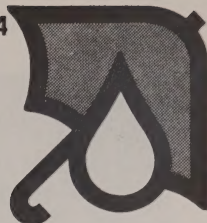
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Contents

Technology, Cost and Medical Credits.....	6
Franco Navazio, M.D., President	

Annual Reports

Executive.....	8
Publication.....	9
Mediation.....	9
Scholarship.....	10
Dr. Max & Ida L. Millman Foundation... ..	10
Nutrition.....	11
Disabled Physician.....	12
By-Laws.....	29
Public Relations.....	29
Malpractice & Medico-Legal Affairs.....	29

Healthguard - A New Dimension in Health Care Delivery.....	13
Charles E. Everett	

Auxiliary News.....	15
Jean Medrek, President	

Legislative Report.....	16
Samuel J. Brendler, M.D. Legislative Councilor	

Letter to the Editor.....	23
Walter J. Pacosa, M.D.	

Welcome New Members.....	25
--------------------------	----

Executive Committee, February, 1980.....	26
--	----

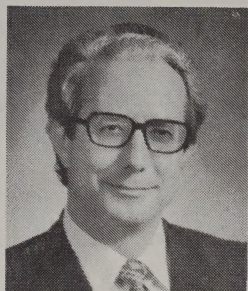
Looking Forward.....	28
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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.

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PRESIDENT'S PAGE

Technology, Cost and Medical Credits

Recently, the New York Times reported the findings of a Congressional subcommittee: About 2 million unneeded surgical operations were performed during the year 1978 at a cost of \$4 billion circa and possibly up to 10,000 lives. Together with the unnecessary surgery, other questions have been raised about many other therapeutic and diagnostic procedures.

Indeed, the delivery of increasingly sophisticated forms of medical care requires the availability of a wide range of medical specialists together with the array of diagnostic facilities and therapeutic equipment operated by skilled personnel. Since the costs in terms of personnel, equipment and facilities to provide such care are increasing, issues of cost containment in health care have a high priority within the federal government. We are observing then on one side the federal government proposing a whole array of health planning regulations in an effort to contain increasing excesses and costs. The American Medical Association objects vigorously to this approach and has come up on the other side citing several efforts to study the matter and remedy the deficiencies.

While many of the proposed governmental regulations deal with specific fixed numerical guidelines that are apparently based on "common sense" rather than applications of the techniques of operating research, we i.e. the Medical Societies, stress instead the "Evaluation of medical practice and technology". We believe that the common sense approach of the federal government can produce far from optimum results especially in high technology areas in which local variations in patterns of utilizations and rapid fluctuations in the cost of equipment and labor are the rule rather than the exception. We claim instead that a systematic approach to evaluating the health effects and costs of selected medical procedures and technologies is essential not only to improve the quality of care but also to promote the rational use of health resources.

Quoting from a recent article by Fineberg and Hiatt in the New England Journal of Medicine, the evaluation should cover not only such questions as "When should a physician order a test or perform a procedure?" but also "When should a hospital purchase a new machine that can perform the test or help in the procedure?"

As representative for the physicians in our County, we are unequivocally in favor of systematic evaluations and encourage the development of guidelines for the appropriate use of medical practices thus bringing practice into line with knowledge.

On the national scene, some professional organizations have already begun to meet this challenge. The American Medical Association has recently contracted with the Department of Health, and Welfare to develop criteria for the performance of 110 surgical procedures that account for 75% of hospital admissions in each surgical specialty.

The American Gastroenterological Association has worked with the American Society for Gastrointestinal endoscopy to draft criteria for performance of gastroendoscopy.

So the road is clear and to keep this course we need to stress as well the need for a constant updating of our medical knowledge. We are, of course, in favor of continuous medical updating or if you prefer, education but alas not at the cost of moral and financial demolition of private practice.

Indeed from Universities, teaching Institutions, para-medical and even non medical organizations, we are inundated with the offering of medical lectures, courses and other paraphernalia and all with one intent in common...they all want money. In exchange, they give you back "credits". It used to be optional and you would gladly attend conferences of the greatest interest for you. Today it is compulsory, or else...you may not be allowed to practice medicine any more. You may sleep through the lecture if you wish, but you must pay!!!

After enjoying the greatest academic freedom during our Medical School years and during our Hospital years in training, we find this "forced-feeding" and concerted run on our savings accounts unethical, mercantilistic and in very poor taste. Remember the Hippocratic Oath? "I swear by Apollo.....To teach them this art, if they shall wish to learn it, without fee or stipulation...." Well, I see no need for comments. ☐

FRANCO NAVAIZIO, M.D.
President

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Annual Report Of The Executive Committee

The HDMS Executive Committee has considered and debated multiple medical, social, political and organizational problems brought before it each month. Representing you as community physicians we have tried to achieve balance and fairness in our deliberations. These have been outlined in the Hampden Hippocrat under the aegis of our Managing Editor, Vivian Purdy and Walter Pacosa, M.D., Chairman of the Publications Committee. We are fortunate to be in the forefront of Massachusetts Medical Society activities because of the continued knowledgeable management of our Executive Secretary, Viv Purdy.

Work on a possible merger between the Springfield Academy of Medicine and the HDMS continues.

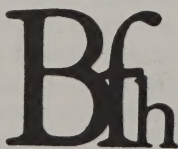
The Massachusetts Medical Society suit vs. Blue Shield originally sponsored by HDMS has survived tests and this year the outcome for relief from Blue Shield restrictions looks brighter.

A proposed new participating agreement in the Medicaid Program has flamed the coals of discontent with both that organization and the Legislature. Your action or inaction will be more knowledgeable based on information brought to you via Letters to the Editor.

Franco Navazio, M.D., President of HDMS this year has provided his leadership with a continental flair. His understanding of medical problems in this country is tempered with a reverence for the opportunities and progress these United States offer. Franco, we thank you for your special insights and we look forward to your sage advice during the next year.

The Executive Committee has been proud to serve the District membership and thanks you for the opportunity. ☐

PHILIP B. STODDARD, M.D.
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ANNUAL REPORT

Publication Committee

The Hampden Hippocrat is the "official tongue" of the Hampden Medical Society. Its aim is to present articles of interest to the Membership and its Auxillary. It also presents an opportunity to present opinions that promote its interest, such as the February issue with its congratulations from Governor King.

The Health Care Team includes the many hospitals in Hampden County. The June issue will be dedicated to Mercy Hospital. In the future issues other hospitals in Hampden County will be featured.

As for the financial status, the major Pharmaceuticals no longer support local publications, therefore, local advertisements are of extreme importance.

We ask you to patronize our advertisers and mention "The Hampden Hippocrat".

Mediation Committee

The Mediation Committee has held monthly meetings during the past year with a good attendance by the members.

Forty-six cases were heard and answered up to March 1, 1980. There were 39 Patient/ physician cases, 3 physician/physician, 3 hospital department/patient and one physician seeking information.

I wish to thank this loyal, hard working committee for their help to adjudicate these differences. ☐

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Scholarship Committee

The Scholarship Committee met and reviewed applications for medical students for financial aid.

Ten students received aid from two separate funds. Three of the students were females.

A student representative met with Mrs. Purdy at the recent National Leadership Conference in Chicago and will inform the medical schools of the availability of these funds for students who reside in Hampden County. Application blanks are available at the office of the Hampden District Medical Society. ☐

WILLIAM A. COEN, M.D.
Chairman

Dr. Max & Ida L. Millman Foundation

Five loans from the interest on the investments of the Dr. Max & Ida L. Millman Foundation were given to medical students who were worthy ambitious students without regard to sex, race, creed or national origin and are domiciled in Hampden County.

Generous donations from members and friends of the Millman family have been received during the year.

These loans are available annually and application may be made through the office of the Hampden District Medical Society by speaking with Mrs. Purdy. ☐

WILLIAM A. COEN, M.D.
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Ad Hoc Committee On Nutrition

The Ad Hoc Committee on Nutrition has completed its 3rd year. Its members are now more multidisciplinary as they fulfill a "nutritional resource" role for the Hampden District Medical Society. My thanks to the various members for their aid during the past year. A special word of thanks to Dr. Jean Mayer, President of Tufts University, for "always being available" for the tough questions (i.e. chocolate milk in school lunch programs, carcinogens in beer, megavitamins and athletes, etc.)

The Committee, at the request of Dr. Grant V. Rodkey and the Massachusetts Medical Society Committee on Nutrition, coordinated a study of Western Massachusetts hospital-based Nutritional Support Services in September, 1979, as reviewed at the Committee Meeting of July 19, 1979.

The requested review of the "Scarsdale Diet" including personal interviews with the author, Dr. Herman Tarnower, was completed and forwarded in November.

Rapidly increasing awareness and interest in nutrition has resulted in the establishment of additional resources such as the "Massachusetts Nutrition Resource Center, Division of Preventive Medicine - Department of Public Health, Frances Stern Nutrition Center of Tufts-New England Medical Center". This Group has requested availability of the Committee for Western Massachusetts resources.

The upcoming year should prove even more interesting than the past. □

HARRISON D. WILLCUTTS, M.D.
Chairman



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Committee On The Disabled Physician

Our name has been officially changed from the Committee on the Impaired Physician to the Committee on the Disabled Physician. The Chairman of this Committee has been attending monthly meetings of the State Committee. The major problem is in the referral of appropriate cases. This means physicians who are in trouble and who could use an advocate. There is a great deal of resistance to this idea for numerous reasons. We had one meeting this year, to which the six Chiefs of Staff of the local hospitals were invited--two showed up. It seems as if we are going to insist on falling divided rather than standing united. There are many physicians among our friends and acquaintances who are in need of help.

The purpose of this Committee is to help refer physicians to appropriate sources of help. Help us to help you. ☐

AARON M. LEAVITT, M.D.
Chairman



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HEALTHGUARD

A New Dimension in Health Care Delivery

The open-paneled, physician office-based prepaid health care program continues to be developed by professional staff and physician members of the Health Care Foundation and technical staff from Massachusetts Mutual Life Insurance Company. The HMO will be called HealthGuard and will initially be marketed in the greater Hampden County area.

In order to operate as a Health Maintenance Organization in the state of Massachusetts, an Application must be granted by the Division of Insurance of the Commonwealth and to that end, a detailed 400-page description of the program has been submitted to the state. Notwithstanding any serious difficulties with the Application proposal, we expect the state to take approximately three to four months to review the program and to grant the license. Once the Application is granted, marketing activities will commence so that by January 1, 1981, the program will be fully operational.

Some significant features of HealthGuard are:

Contractual agreements will be made with physicians who provide primary or entry level care. These physicians will provide or arrange for all health care services needed by their HealthGuard enrolled patients. Usually, Primary Care Physicians are considered to be physicians in General Practice, Family Practice, Internal Medicine and Pediatrics. However, any physician of any specialty interested in providing primary care for any of his patients will be eligible for contractual involvement.

All referred specialty care will be reimbursed at 100% of current year's fees.

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There will be ongoing peer review through the Health Care Foundation to assure the quality of care, appropriateness of referrals, and proper utilization levels.

HealthGuard enrollees will be entitled to totally comprehensive coverage with the only co-payments being, a \$15.00 charge for a physician's visit to the patient's home; a \$25.00 charge for a complete adult physical examination; and a \$2.00 charge for prescriptions. All other medical, surgical, hospital and preventive services are covered in full.

Organizationally, HealthGuard will be a subsidiary corporation of the Massachusetts Mutual, but will be governed by a Board of Directors with representation from both the Health Care Foundation and Massachusetts Mutual.

Physicians associated with HealthGuard can continue to see their private fee-for-service patients.

All physicians in the region will be eligible to provide services to HealthGuard enrolled patients.

The latest technology will be used to assure the timely processing of claims and the meeting of other administrative requirements.

THE ANNUAL MEETING OF THE HEALTH CARE FOUNDATION MEMBERSHIP WILL BE HELD ON MAY 5, 1980 - MARK YOUR CALENDARS. A full description of the HealthGuard program will be presented by representatives of the Health Care Foundation and the Massachusetts Mutual. Further details about the meeting will follow. □

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Executive Director
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AUXILIARY NEWS

A Culinary Demonstration and Luncheon at the Yankee Peddler on Wednesday, April 30th will be the final social event of the year for the Auxiliary. There will be a brief business meeting at 10:30 a.m., followed by installation of officers, social hour at 11:30 a.m. and a demonstration of crepe-making and luncheon at 12:00 a.m. Please contact Linda Markarian at 567-5049 for reservations.

We are very grateful to many in the Hampden District Medical Society for their strong support of our Health Careers Scholarship Fund Drive in November. As you know, our Board voted to forego the annual White Cap Ball as a fund-raiser because of increasing costs, diminishing profits and difficulty in finding people to help plan it. Your response - \$3100 in contributions - was most generous. Our Scholarship Committee will meet in May and June to go over the applications and interview those qualified.

We have 16 new members of our Auxiliary this year. Martha Giguere and her Welcome Wagon Committee have been busy contacting families of physicians who are new to this area. If you know of any doctor's family who have recently moved here and have not been visited, please get in touch with our Welcome Wagon Chairman for the up-coming year. She is Helen Gallivan at 567-7100.

Our community project at the Springfield Science Museum is continuing. Several enthusiastic volunteers from our group are on call to make a 45-minute presentation in the Heart Room, explaining to young children (Grades 1-4) how their heart functions and what they should do to keep it healthy. Our first meeting in September was held at the Science Museum. Mr. Glen Ives, Director and Mr. Charles Roberts, Development Director outlined their ideas for a future health hall in Springfield and told us about similar ones they were acquainted with in Charlotte, N.C. and Cleveland, Ohio. Afterwards we watched a Heart Room presentation by Kathy Lovell, our Health Education Chairman.

During February school vacation our organization had a child auto safety exhibit at the first Health Fair at the Science Museum. Approved car seats for infants and toddlers were displayed and appropriate coloring materials were available for young visitors.

Among other activities were bus trips to New York and Boston, an entertaining evening at Stage West, a talk about the fundamentals of estate-planning, and some pleasant evenings at the Medical Society dinner meetings with our husbands.

If it is not too late when you read this, why not make a reservation for our SPRING COCKTAIL PARTY at the Longmeadow Country Club on Saturday, April 19th. Time 6:30 p.m. to 9:00 p.m. It promises to be a lot of fun with plenty of food available. Price: \$12.50 per person. Please come. For a reservation send a check payable to the Auxiliary to the HDMS to: Mrs. Michael Sorrell, 5 Chatham Road, Longmeadow, MA 01106. Tel. 567-6713.

Thank you for the support you gave us this past year. We all wish our new president, Martha Giguere, success in the year ahead. ☐

JEAN MEDREK, PRESIDENT
Auxiliary to the Hampden District
Medical Society

LEGISLATIVE REPORT 1980

The following are bills submitted by the Massachusetts Medical Society for consideration in the current session of the State Legislature:

House Bill 2424: Amending the Patients Rights Law. The purpose of this new Bill is to delete the section in the original law which was as follows: "In the case of the patient suffering from any form of breast cancer, to complete information on all alternative treatments which are medically viable." This proposed Bill would remove this very restrictive section.

A Bill permitting certain payments of benefits by Medical Service Corporation in Connection with the services of non-participating Physicians in the Commonwealth. This Bill, which was filed last year as Senate 659, would prevent Blue Shield from forcing participating physicians to accept the rates of reimbursement as set by Blue Shield. Also, Blue Shield does not now reimburse non-participating physicians for services rendered to a patient who subscribes to Blue Shield. Massachusetts is the only State with such a lock-in arrangement. A letter last year from the President of the Massachusetts Senate to Dr. Rodkey, President of the Massachusetts Medical Society, stated that Senate Bill 659 (the 1979 number) should be passed and become law, since there was certainly no justification for treating Massachusetts physicians less equitably than their colleagues in the other 49 states. As you know Senate Bill 659 never did become law and the present bill is an attempt to try again to pass it in this session of the legislature. (The 1980 number is not yet available)

Senate Bill 1894: A bill to amend the Psychotropic Drug Law. This law (filed last year as Senate 583) would amend the Psychotropic Drug Law by differentiating between legitimate therapeutic prescribing of Psychotropic Drugs and the clinical research use of drugs. The Massachusetts Board of Registration in Medicine is interested in the entire problem of the Psychotropic Law which currently requires that the Department of Public Health must approve the drug before a public school pupil may take the drug during school hours. The current law was an attempt to correct abuses in the prescribing of these drugs for school children. However, it also represents a serious interference within the physician--patient relationship and interposes a State Agency between the patient and the doctor. The proposed Bill and Amendment is designed to protect the school children and at the same time avoid the unnecessary interposition of the Department of Public Health into the practice of medicine.

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Senate 746: A Bill requiring physicians to renew their Certificate of Registration every three years. This is a new bill which would require the physician's to renew their Certificates of Registration every three years instead of the present two year requirement. The National Accreditation Standards for Continuing Medical Education are based on a three year cycle: 150 hours of CME over a three year period. The Massachusetts Board of Registration in Medicine would also prefer a three year cycle for registration.

Senate Bill 676: A Bill relative to payment for medical services under Medicaid: This Bill was filed last as House Bill 5297 but was not filed by the Massachusetts Medical Society. This year the Bill is being filed by the MMS and would eliminate that section of the State fiscal year 1979 budget that mandates a reduction of 30 percent in payments to medical care providers excluding primary care physicians. This Bill was discussed extensively at the 3 January 80 meeting of the Legislative Committee of Massachusetts Medical Society and the views of many of the members of the Hampden District Medical Society were made known to the other members of the Legislative Committee as well as to the officers and Staff of the Massachusetts Medical Society.

Senate 579: An act to facilitate the conduct of investigations by the Board of Registration In Medicine: This is a new Bill. It would protect the confidentiality of certain records contained in the complaint files of the Board of Registration in Medicine. These records would not become a public record until the final disposition of the complaint or case. Under the present statute, all these records are currently available to anyone who wishes them. This includes all complaints which have not been acted upon or complaints which have been found to be false. This Bill would merely protect all parties to the complaint until the Board of Registration In Medicine has made a decision.

An act relative to rates to be paid for health care services rendered to industrial accident (this Bill does not have number): It would disallow the rate setting commission from setting the rates for industrial accident patients. Presently the rate setting commission allows no more for industrial accidents than it does for Medicaid patients. There is no law on the books that requires that Medicaid and industrial accidents be paid with equal rates. This Bill would permit different rates for industrial accidents and Medicaid patients. (It seems unlikely however, that the Legislature will accept this.)

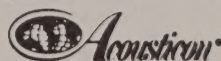
Senate Bills 65 and 86: prohibiting the giving away of cigarettes to minors as a promotional effort by tobacco companies.



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Senate 747: An act to reform the structure of Medical Service Corporations: This was filed by two members of the Massachusetts Medical Society but not by the Society itself. This Bill is designed to repeal chapter 176 B of the General Laws which is the enabling legislation for Blue Shield. It would separate Blue Cross from Blue Shield, which is often frustrated by Blue Cross decisions. It would also permit Blue Shield to sell life insurance, automobile insurance, and hospital insurance. It would permit it to compete with commercial insurance companies and therefore may be more attractive to the commercial insurers. It would be an organization for profit and therefore could be taxed and this might appeal to the State Legislature. The fact that Blue Shield would be freed of the incumbrances of Blue Cross might make it appeal to Blue Shield as well.

Senate 493: A Bill to regulate Psycho-surgery. This is a Bill which is introduced each year and thus far has been defeated regularly. It is a Bill which is designed to control very carefully numerous neuro-surgical operations and was vigorously opposed by the Legislative Committee of the Massachusetts Medical Society.

House 2605: An Act establishing a Board of Registration of Physician Assistants. Currently the Physicians Assistants are under the jurisdiction of the Board of Registration in Medicine, This Bill was vigorously opposed by a vote at the recent meeting of the Legislative Committee of the Massachusetts Medical Society.

The following are a list of some of the health related bills submitted by persons other than the Massachusetts Medical Society.

Senate 107: requiring the presence of Emergency Medical Technicians in certain restaurants having a seating capacity of 100 persons or more.

Senate 122: Reinstating pulmonary damage as a specific injury payable under the Workman's Compensation Law. This Bill provides payment of \$20,000 to workers who suffered twenty percent or more of lung capacity do to work enviornment hazards such as chemicals or dust.

Senate 180: Increasing Workman's Compensation Benefits for loss of hearing.

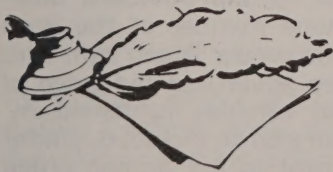


Senate Bill 1078: Relative to professional societies offering free information referral services to the public: This Bill had been submitted in 1979 as Senate 914 and is being re-filed this year by the MMS. The Bill grants immunity to Professional Societies for providing free-of-charge referral services to the general public. The public calls MMS for the names of physicians in a given area or specialty. MMS provides three such names of members. If the patient has a bad experience with any of the physicians recommended, the patient can hold the physician and MMS liable. With this proposed Bill the Massachusetts Medical Society would not be held liable for such an event.

Senate 537: A Bill providing immunity to persons who assist the Board of Registration in Medicine upon request: This is a re-filed Bill. (The old one in 1979 was Senate 1756.) This Bill would grant immunity to persons who assist the Medical Board upon request by the Board. This has been approved by the Senate Legal Council, Edward Brennan and by Senator Foley. The Bill was recommitted to the Committee on Helath Care during the closing days of the 1979 prorogation.

Senate 1083: The Bill imposing penalties for the taking, stealing, unauthorized reproduction, and receipt of medical records: This is a re-filed Bill that would impose penalties on the unauthorized possession of reproductions, or distribution, of patients medical records. This Bill was orginally co-sponsored by Speaker Mcgee, and Louis Bertonazzi when he was a representative, following the Malden Hospital incident where records were illegally reproduced and distributed to the press. This Bill was not passed in the 1979 session.

House 202: A Bill relative to the disclosure by Medical providers of information concerning patients who are eligible and apply for certain health benefits. This was filed by the Department of Public Welfare and broadens the exemption from liability for the disclosure of information to the Department of Public Welfare concerning patients who are eligible and apply for certain health care benefits.



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Senate 230: An act repealing the law authorizing certain licensed institutions (Medical Schools and Research Laboratories) to obtain lost or stray animals for the purpose of scientific investigations, experiments, and instruction. The Massachusetts Medical Society was one of the chief sponsors of the original State Law which permitted the requisition of abandoned dogs for use in medical research. The current Bill would repeal that Law.

Senate 239: A Bill allowing the referral by the Department of Education of any child in need of special education to any institution inside or outside the Commonwealth.

Senate 259: A Bill requiring alcohol education in driver education schools. This Bill would require that any person licensed to give instruction in the operation of motor vehicles shall include in that instruction at least 5 hours of classroom education related to the impact of the use of alcohol on an operator of a motor vehicle.

Senate 260: A Bill relating to tuition charges at the University of Massachusetts Medical School. This is the so called pay-back-in-service agreement which medical students at the University of Massachusetts Medical School sign in return for low cost tuition.

House Bill 356: Relative to the suspension or revoking of any Certificate of Registration in Medicine by the Board of Registration in Medicine of a holder of a certificate incapacitated by reason of mental illness. This Bill strikes out the term "insane" and inserts in place thereof the words "incapacitated by reason of mental illness" as a cause for revocation of the Physician's License to practice by the Board of Registration in Medicine.

The following are health related Bills which have been submitted by various agencies of the State Government.

House 36: This would require all licensees Under the Division of Registration, to display conspicuously their certificate license, in all such holders' offices or places of business. This Bill also requires an accompanying stateholders' offices or places of business. This Bill also requires an accompanying statement of certain standard size that includes the name, address, and telephone number of the licensing authority. This notifies the consumer of the proper Board with which to file a complaint. In addition, if a licensee advertises the price of the service, a description of any additional services furnished by the licensee beyond those required by law shall also be included. Under this Bill a physician would be required to post in his or her office the following sign: "Physicians Are Licensed Under the Laws of the Commonwealth by the Massachusetts Board of Registration in Medicine. The Board of Registration in Medicine has the responsibility to regulate physicians, including the power to suspend or revoke licenses. If you have any questions you may call or write the Massachusetts Board of Registration in Medicine, 100 Cambridge Street, Boston, Massachusetts 02202 (telephone 727-3086). Failure to display this sign may result in revocation or suspension of one's license by the Board of Registration in Medicine."

House 37: Relative to judicial review of decisions by the Boards of Registration. This was filed by the Office of Consumer Affairs. This Bill grants the authority of judicial review of formal decisions rendered by the Board of Registration in Medicine to be heard in the Supreme Judicial Court.

House 175: Authorizes a Chemist of the Department of Public Safety to issue a certificate which shall be prima facie evidence in the District Court Proceedings of results of analysis and conclusions by him.

House 198: Establishing rules governing the submission of payment for claims by providers and vendors under public assistance programs. This Bill permits payments required by retroactive rate and adjustments and by Court Judgments to be made from current year funds under all programs. The Bill also authorizes the Department of Public Welfare to establish uniform rules for submission and re-submission of vendors' bills.

Senate 1359: A Bill relative to the allowances paid to members of the Board of Registration in Medicine: This is also a re-filed Bill (Senate 468 in 1979) that would compensate the members of the Board of Registration in Medicine at a more realistic rate when performing the duties of the Board. In addition to attending meetings of the Board twice a month, the members also spend considerable time reviewing complaints, serving as hearings officers, and on other special committees of the Board. The present statute limits their compensation to \$35 a day and 8 cents a mile. This Bill would increase the per diem allowance to \$100 a day and a mileage allowance now being paid by Federal and State Agencies. Every two years the Board generates one million dollars in license renewal fees for the General Fund.

Senate 1079: An act relative to hospital medical staff review committees and professional societies: This is also a re-filed Bill (Senate 913 in 1979) that would protect the records, reports, and proceedings of hospital staff review committees and PSRO's from discovery and admissibility in evidence. The Massachusetts Medical Society apparently has a suit pending to prevent this disclosure of PSRO records.

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Senate 580: A Bill amending the duties of the Committee On Medical Legal Investigations and the Office of Chief Medical Examiner: this legislation amends chapter 941 of the acts of 1977 involving medical examiners in Massachusetts. The salary of the Chief Medical Examiner would be increased from the current \$37,500 to \$55,000. The job would be made full time. The Chief Medical Examiner's office would be transferred from **Administration and Finance** to the **Executive Office of Public Safety**. The Bill also stipulates the special qualifications of the Chief Medical Examiner and Associate Medical Examiners.

Senate 583: An act to provide retrieval of Pituitary Glands: In February 1979 the AMA Board of Trustees approved a model state bill to facilitate the retrieval of human pituitary glands at the time of autopsies performed by a coroner's physician or medical examiner. The model Bill only applies in situations where autopsies are required by law to be performed. It does not apply in cases where an autopsy is performed at the request of the next of kin. The model Bill provides that in cases where the law requires an autopsy to be performed, the medical examiner or physician performing the autopsy may remove and retain the pituitary gland unless the decedent or his next of kin have expressed an contrary intention. The model Bill would not take precedence over a validly executed anatomical gift.

Please contact your Senator or Representative, voicing your opinion on any of these bills. This can be done by letter or telephone, or in person. You can visit them in their offices or homes here in Western Massachusetts if you prefer direct contact. If you don't know how to reach them, ask your neighbors or local merchants, or call the Hampden District Medical Society office. But no matter how you do it - DO IT! Let's become a strong minority pressure group! ☐

SAMUEL J. BRENDLER



**PATRONIZE OUR ADVERTISERS
AND MENTION
"THE HAMPDEN HIPPOCRAT"**

Letter To The Editor

The Physicians of the Commonwealth will be required to sign a new vendor agreement in the near future. The present regulations are very complex and are a bureaucrats delight, as an example-payments for Hospital Inpatient Visit Services. This is covered by regulations as outlined in the Massachusetts Public Assistance Policy Manual.

HOSPITAL INPATIENT VISIT SERVICES

For payment purposes there must be an entry in the hospital medical record corresponding to and substantiating each hospital visit service billed to the Department.

The medical record of each Medical Assistance recipient seen in an inpatient hospital setting must conform to the current Rules and Regulations for Hospitals in Massachusetts issued by the Department of Public Health. The completion of the medical records documenting inpatient hospital visits shall be the responsibility of the physician billing the Department for those visits.

The physician billing the Department for an initial hospital visit (code 9071) must sign the entry in the hospital medical record which documents the findings of the comprehensive history and physical examination.

DETERMINATION OF COMPLIANCE WITH MEDICAL RECORD REQUIREMENTS

Compliance of the physician with specified requirements will be determined by a peer review group designated by the Assistant Commissioner for Medical Assistance.

If the designated peer review group determines that a medical record does not provide substantiation that specified requirements were met, the Department shall disallow reimbursement for the billed service(s) corresponding to that record.

A significant pattern of failure by a physician to meet the above specified requirements for medical records may result in administrative action to terminate that physician's participation in the Medical Assistance Program.

DISCLOSURE REQUIREMENT

The physician must furnish to the Department upon request the medical records, or copies thereof, corresponding to and substantiating services billed by that physician.

One must place specific attention to "must conform to the Rules and Regulations for Hospitals in Massachusetts issued by the Department of Public Health". These are as follows:

DEPARTMENT OF PUBLIC WELFARE-VOLUME 2 PAGE
169-1/01/78

130.112: Clinical Records, Content

(A) The medical record shall include date of admission; identification data; chief complaint; history of present illness; past history; family history; physical examination; provisional diagnosis; reports of special examinations or procedures, including consultation; clinical, laboratory and x-ray reports, complete surgical and dental record; medical, surgical and dental treatment; progress notes; graphic bedside charts, final diagnosis, condition on discharge; date of discharge; autopsy report, if any.

(B) Records of injury shall state the estimated period of disability and disposition of case, in addition to all possible pertinent information as required for the medical record.

(C) All operative records shall include, in addition to the requirements for medical records, the following:

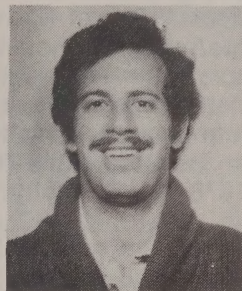
- (1) Record of pre-operative physical examination and diagnosis which shall be recorded prior to operation.
- (2) Anesthesia record, including post-anesthetic condition, signed by the anesthetist.
- (3) Complete description of operative procedures and findings including postoperative diagnosis, which shall be recorded and signed by the attending surgeon immediately following the operation.
- (4) Report of pathological examinations on all tissues removed at operation.

For this complete service, and only when complete, you are compensated first day initial fee of \$10.50 and a daily fee of \$7.00. The reimbursement for Hospital based physicians for so called administrative or teaching duties are different. For example, Anesthesiologists in Cambridge City Hospital, which is a high Medicaid population, each are paid \$60,000 per year for their administrative and teaching duty in operating the anesthesia Department, but they are permitted to bill fee for services for their medical care of the Hospitals' patients, including Medicaid patients. This is typical of the gross inequities present in the Medicaid Program. We must be aware of this as the Commonwealth will request us to sign a new vendor agreement in the near future. ☐

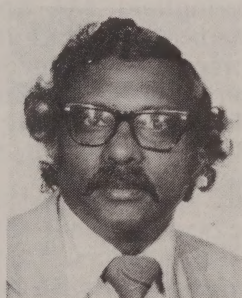
WALTER J. PACOSA, M.D.

Welcome New Members

Mark B. Lempert, M.D. 27 Pidgeon Dr., Springfield, MA, Born: January 17, 1951, Medical School: Southern University of N.Y., Downstate, 1975, Internship: Harrisburg Hospital, Pa. (1975-76). Residency: Hershey Medical Center, Pa. (1976-78). Specialty: Anesthesiologist.



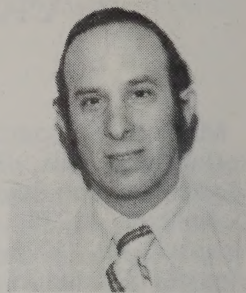
Mooideen K. Meeran, M.D. 15 Mulberry Street, Springfield, MA Born: November 9, 1938, Medical School: University of Natal, 1962, Intership: Natal South Africa (1963-64). Residency: Natal South Africa (1965-68). Specialty: Internal Medicine & Cardiology.



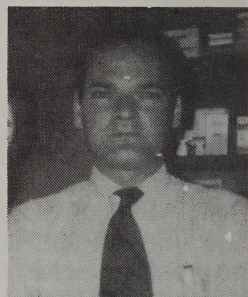
Andrew F. Meyer, M.D. 120 Maple Street, Springfield, MA Born: November 23, 1943, Medical School: Southern University of N.Y., Downstate, 1969, Intership: Southern University of New York, Downstate (1969-70). Residency: United States Public Health Service Hospital, N.Y. (1970-71); Southern University of N.Y. Downstate (1975-76). Specialty: Urologist.

Peter A. Monroy, M.D. 759 Chestnut Street, Springfield, MA Born: October 19, 1944, Medical School: Tufts University of Medicine, 1976, Internship: Baystate Medical Center, Mass. (1976-77). Residency: Baystate Medical Center, Wesson Womens Division, Mass. (1977-80). Specialty: Obstetrics/Gynecology.

Roy Stillerman, M.D. 125 Liberty Street, Springfield, MA Born: September 20, 1946, Medical School: University of Virginia, 1972, Internship: Cleveland Metropolitan General Hospital (1972-73). Residency: Cleveland Metropolitan General Hospital (1973-76); Pulmonary Fellowship: Cleveland Metropolitan Hospital (1975-76), University of Virginia (1978-79). Specialty: Internal Medicine.



Paul F. Walker, M.D. 535 Allen Street, Springfield, MA Born: September 8, 1945, Medical School: University of Vermont, 1971. Internship: Walter Reed Hospital, Washington (1971-72). Residency: Walter Reed Hospital (1972-74); Walter Reed Army Hospital (1977-79). Specialty: Pediatrics and Allergist.



EXECUTIVE COMMITTEE

February 19, 1980

The Executive Committee of the Hampden District Medical Society met on Tuesday, February 19, 1980 in the Conference Room.

Present were Drs. Navazio, Walthall, Remsberg, Stoddard, Siragusa, Bagamary, Fitzpatrick and Mrs. Purdy. Dr. Morgan, dentist representative from the Valley District Dental Society was also present.

Absent were Drs. Rich, Corsaro, Zadworny, Flahive and Bloom. The minutes of the January meeting were mailed and the committee accepted them as written.

Dr. Navazio called the meeting to order at 7:40 P.M. Thanks were extended to Mrs. Purdy for providing an excellent program with Dr. Sammons, Executive Vice President of the American Medical Association, as the speaker at the recent quarterly meeting held at the Marriott Hotel.

CORRESPONDENCE

The Chamber of Commerce requested some names of persons from the Hampden District Medical Society to serve as leaders in the community as board members, trustees, etc. of business organizations, social agencies, etc. Dr. Navazio will name persons who may be contacted for presentation to the Chamber of Commerce.

A letter from Dr. Stiles, Chairman of the Committee to Recruit New Members of the Massachusetts Medical Society was read. It was suggested by Dr. Rodkey that these be held in Boston, Worcester and Springfield with partial financial support given by the Massachusetts Medical Society and the rest by the local district society. This will be referred to Dr. Hough, Chairman of the Membership Committee in Hampden.

Replies from Representatives DeFilippi, Jordan, Pierce and Senator Sisitsky to Drs. Stoddard and Walthall regarding the 30% cut in Medicaid Programs were read to the committee.

A letter written by Representative Holland to Dr. Dasco and his associates was read. Accompanying this was an informational letter from the Rate Setting Commission of the Commonwealth of Massachusetts explaining the Medicaid rate at the present time. Copies will be sent to the Executive Committee.

Dr. Brendler, Legislative Councilor sent a report about the Legislative meeting in Boston when the Medicaid problem was discussed. This report will be published in the Hampden Hippocrat.

OLD BUSINESS

Discussion was held regarding the proposed merger of the Springfield Academy of Medicine and the Hampden District Medical Society. A letter from Warner & Stackpole was read, a report of the meeting held between the Academy officers and the Hampden District Medical Society officers was given and a letter of intent was read and considered by the Executive Committee. Dr. Fitzpatrick was made Chairman of this Ad Hoc Committee and will pursue functions, ways & means, etc. in order to accomplish this merger in the near future.

Two answers from members of the Insurance, Labor Relations and Industrial Accident Committee were read. Both felt that Medical West has acted in a discriminatory manner. Dr. Belcastro has talked with Mr. Gifford of the Baystate Medical Center who stated that the HMO by contract is required to pay the non participating hospital but not the non participating physician. The HMO will be contacted concerning this discrimination.

In reply to an inquiry made to Dr. Munier, Executive Vice President of Massachusetts Medical Society concerning fee disputes an answer was read. Gross overcharging can be reviewed by the Ethics and Discipline Committee of the Massachusetts Medical Society as a matter of ethics.

Physicians names have been referred to Mayor DiMauro for appointment to the Public Health Council.

The possible dissolution of the Western Massachusetts Health Planning Council was discussed by Dr. Siragusa. A letter will be written supporting this council.

The meeting was adjourned at 10:20 P.M.

□

LOOKING FORWARD

I was a test tube baby,
That's why I'm tall and slim.
No gleam was in a father's eye.
There was no mother's whim.

Some scientific soul had made
A New Year's resolution.
I don't know Ringer's problem,
But I sure know his solution.

I was a test tube baby
In the Glass of '89.
There's those who say I'm extra--
Just extra-uterine.

No murmur shall escape me,
No whimper or no groan.
I may be illegitimate, but
At least I'm not a clone.

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By-Laws Committee

The By-Laws Committee met once during the year and recommended changing the name of the Peer Review Committee to the Committee for Impaired Physicians. ☐

HARRY MEMERY M.D.
Chairman

Public Relations

The Public Relations Committee reports continued satisfactory relations with the media. We have responded promptly to their requests for printed and electronic interviews on current subjects. The "Visiting Physician" program was very well received, eliciting many appreciative comments from the public. We feel 1979 was a good year over all and expect that the pattern will continue for long term and smooth public relations. ☐

BERNARD BLOOM, M.D.
Chairman

Malpractice & Medico-Legal Affairs

The Malpractice and Medico-Legal Affairs Committee had only one matter referred to it this year. This was a request for assistance in negotiations between physicians in a matter of dispute. Unfortunately, the Committee was unable to be of help in this matter. No other problems were brought before the Committee this year. ☐

CYRIL E. SHEA, JR., M.D.
Chairman

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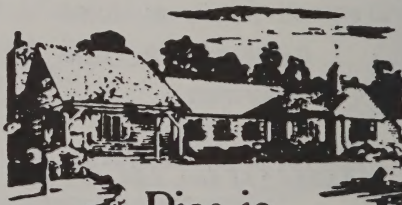
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That little girls are made of
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The Russians are afraid of.

What happens when
They march like men,
Instead of smiles, they sneer,
And inculcate
Both dread and hate
And attitudes of fear?

If you should greet
One on the street
She'd doubtless sound alarms.
With pack and boot
And smart salute
She'd promptly shoulder arms.

So if we say
The E R A
Is fine, let's quit. No more.
Else what the hell
How can we tell
Just what we're fighting for?

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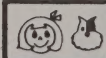
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